

READ BEFORE COMPLETING THE POWER OF ATTORNEY FORM

CAUTION!

All ND Legal Self Help Center forms and information are provided as a general guide to a legal process and are not intended as legal advice.

As a self-represented individual, you must independently determine if the forms and information are legally sufficient for North Dakota and for your specific circumstances. Use at your own risk.

Any user of the forms or information is hereby advised that all forms and information are provided “as is.” The forms and information provided may be subject to errors or omissions. The ND Legal Self Help Center IS NOT responsible for any consequences that may result.

If you are unsure if you should use this form, consult a lawyer.

A Durable Power of Attorney is a document authorizing a person to act as the Attorney in Fact of the Principal. A Durable Power of Attorney does not end if the Principal becomes unable to make their own decisions. A Durable Power of Attorney remains in effect even if the Principal becomes disabled or incapacitated.

A Durable Power of Attorney is for financial or other decisions. Health care decisions are not authorized in a Durable Power of Attorney. There is a different document for health care decisions called a Health Care Directive.

The Durable Power of Attorney may 1) take effect upon the signature of the Principal and remain effective if the Principal becomes disabled or incapacitated; or 2) take effect only when the Principal becomes disabled or incapacitated.

A Durable Power of Attorney does not require a court order. The Principal may revoke the Durable Power of Attorney at any time, as long as they are legally competent. The revocation must be in writing.

A Durable Power of Attorney is not a guardianship and is not a conservatorship. Guardianships and conservatorships are court processes where a court appoints a guardian, conservator, or both for an adult, if legal requirements are met.

GENERAL DURABLE POWER OF ATTORNEY

I, _____, the Principal, whose mailing address is:

designate and appoint _____, whose mailing address is:

as my Attorney-in-Fact and agent in my name and for my benefit:

- 1) **General Grant of Power:** To exercise or perform any act, power, duty, right or obligations that I now have, or may acquire in connection with, arising from or relating to any person, item, transaction, business, real or personal property, tangible or intangible thing or any matter whatsoever;
 - a) **Powers of Collection and Payment:** To request, ask, demand, sue for, recover, collect, receive, hold, and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, documents of title, real and personal property which I now have or should subsequently become owned by, or due, owing, payable or belonging to me, or in which I have or may subsequently acquire interest, to have, use and take all lawful means and equitable and legal remedies, procedures and writs in my name for their collection and recovery;
 - b) **Power to Acquire and Sell:** To lease, purchase, exchange, grant options to sell, sell, and convey real or personal property, tangible or intangible, including homestead property and under such covenants, as the attorney-in-fact shall deem proper;
 - c) **Management Powers:** To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible rights or interests, that I now own or may subsequently acquire, in my behalf, and in my name under such terms and conditions as the attorney-in-fact shall deem proper; and
 - d) **Instruments:** To sign, seal, execute and deliver all instruments in writing of whatsoever kind and nature as may be necessary and proper.
- 2) This document is to be construed and interpreted as a general durable power of attorney. The listing of specific items, rights, acts or powers is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers granted to the Attorney-in-Fact.
- 3) The rights, powers, and authority of the Attorney-in-Fact granted shall begin and be in full force and effect on _____, 20____ (date document is signed).

4) **CHECK ONE:**

This General Durable Power of Attorney shall not be affected by any subsequent disability or incapacity of the principal or by lapse of time. The rights, powers, and authority of the Attorney-in-Fact shall begin and be in effect on _____, 20____ (date document is signed).

OR

This General Durable Power of Attorney becomes effective upon the disability or incapacity of the principal.

5) This General Durable Power of Attorney may be revoked by the Principal at any time that the Principal has the capacity to do so. Any revocation must be in writing and delivered to the named Attorney-in-Fact.

Dated this ____ day of _____, 20__

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

Signed and sworn to before me on _____, 20____ by

_____.

(Notary Public or Clerk of Court)

If Notary, my commission expires: _____